Case 3:21-cv-00259 DCG-JES-JVB Document 266 FI SENDER: COMPLETE THIS SECTION	Complete This section of Livery
 Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature A. Agent Addressee B. Received by (Printed Name) C. Date of Delivery
ALYSSA BY-LAWSON OFFICE THE ATTORNEY GEN P O BOX 12538 MAIL STOP 017	ERAL APR 29 2022 OFFICE OF THE
2. Article Number (Transfer from service label) 7020 1810 0001 9928 0343	Adunt Signature Adult Adult Signature Restricted Delivery Certified Mail® Certified Mail® Collect on Delivery Collect on Delivery Restricted Delivery Insured Mail Insured Mail Insured Mail Restricted Delivery (over \$500)
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Receipt